ž.)	Substitute for Form PTO CAN													mber
											Toucation of Dockel Number			
. •		CLAIMS AS FILED - PART I										10 781	359	
•	. FOR		NUMBER FILED		(Column 2)			SMALL ENTITY		r	OR .	· · · OTH	IER THAI LL ENTITI	
٠.	BASIC FEE . (37 OFR 1.16(8)		NOWIGE STATES		NUMBER EXTRA			RATE	F€					
	TOTAL CLAIMS		· · ·			,	7			-		RATE	FE	
	(37 OFR 1.16(c))		minus 20 =				\dashv	700			OR		5	
	INDEPENDENT CLAIMS (37 OFR 1.16(b))			minus 3 =		<u> </u>		x s	=		OR	× 50.	1	_
	MULTIPLE DEPENDENT OF THE							x:100			OR	,,200	+	
								+5-180		7.	OA .	.360	+	
	· (I the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			. 1		 -	_
-	CLAIMS AS AMENDED - PART II							•		. ب	OR	TOTAL	L	<u></u>
	<u>- </u>	(Column		•										
	< 3	CLAIM			olumn 2) SHEST	(Column 3)	, ,	SMALL	ENTITY	•	DR.	OTHE	RTHAN	
	5 24 a	REMAIN		NU	MBER.	PRESENT	11	RATE	1	\neg	٠.	SMALL	ENTITY	_
	Total	AMENDM	ENT	PAI	/IOUSLY O FOR	EXTRA	II	10116	ADDI- TIONAL	. -	- 1	RATE	ADD	
	O DI OFR 1.16(c)	23	Minu	2	3	= /	1 1	25	FEE	_	L		TIONAL FEE	- 1
	C) CHR (.166)	1 2	Minu	-	5	=	7 -	<u>, , 25</u> .		0#	. 1,	50		\dashv
	FIRST PRESENTATION OF WALL TO						1 L	x s_100.		OF	_	,20Q		\dashv
r	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							-3_180_		OR		215		
								OTAL DO'L FEE		7		SOLL		4
(A)	(Column 1) (Column 2) (Column 3)									_ OR		DOLFEE		
	2 al cldo	CLAIMS REMAINING		HIGH	(EST		<u>_</u>			_		. •		7
	- 114 / 1 11 1 7	AFTER	- 1	PREVK	BER	PRESENT EXTRA		RATE	ADOI-	1 .				\dashv
3	Total	AMENDMEN	. Minus	PAID	FOR		.		TIONAL FEE	1		RATE	ADDF TIONAL	
AMENOMEN	Independent	12		2	31	• /	X	,25.	1,56	1 .	<u> </u>		FEE	╛
	CH CER I. HEREIT	1 4	· Minus	· · · · · · · · ·	Z	= /	_	s 100.	/	OR	X.5	50.		
	FRIST PRESENTATION OF MIXTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							180.		OR		200.]
·								TAL		OR	_	360		7
	•	(Ca) 1)	•	•	•		AD	DIFEE		OR	AD!	OL FEE	1	1
ပ		(Column 1) CLAIMS	7	(Colum	m 2j	(Column 3)	·							1
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AMENDMENT	PI CFR LIGGR	•	Minus			-	-	OR	FEE				TIONAL FEE	1
	Independent DI OFR 1,160()	· .	Minus	· · ·				25.		OR	K \$	10.		
₹	FIRST PRESENTATION OF MIS TIPLE DESCRIPTION							100.		OR	x s	200°		
	FRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							80.		OR		36O.		
	" If the entry in co	Numa the territory					TOT	T FEE			TOTA	u -	·	1
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i				COLUMN COLUMN	70000000	te dia hink								

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fite (and by the USFTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, and the user of the user

If you need assistance in completing the form, call 1-800-P (0.9199 and select option ?